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1400.00 OP  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/749,420 12/28/2000 Naohito Takae 1086.1129 5681  TITLE OF INVENTION: CELLULAR PHONE MANAGING METHOD, MANAGING APPARATUS, RECORD MEDIUM AND CELLULAR PHONE APPARATUS  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 06/09/2005  EXAMINER ART UNIT CLASS-SUBCLASS  BEAMER, TEMICA M 2681 455-412000  1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list	21171 STAAS & HAL SUITE 700	OCE ADDRESS (Note: Use Block 1 for 7590 03/09/2005 SEY LLP CAVENUE, N.W. DC 20005	0.	2005 JULY	papers. Each additi have its own certifi	of mailing can only be used This certificate cannot be used onal paper, such as an assignment of mailing or transmission.  Certificate of Mailing or Trant this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE addres SPTO (703) 746-4000, on the	nent or formal drawing, must
09/749,420 12/28/2000 Naohito Takae 1086.1129 5681  TITLE OF INVENTION: CELLULAR PHONE MANAGING METHOD, MANAGING APPARATUS, RECORD MEDIUM AND CELLULAR PHONE APPARATUS  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1400 \$300 \$1700 06/09/2005  EXAMINER ART UNIT CLASS-SUBCLASS  BEAMER, TEMICA M 2681 455-412000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the names of up to 7 registered patent attorneys or agents OR, alternatively, (3) the names of up to 7 registered patent attorneys or agents OR, alternatively, (3) the names of a single firm (having as a member a registered attorney or agents, If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  FUJITSU LIMITED KAWASAKI, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group entity □ Govern  4a. The following fee(s) are enclosed:   4b. Payment of Fee(s):   ☑ Issue Fee						·	(Signature)
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BEAMER, TEMICA M  2681  455-412000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  PFee Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  FUJITSU LIMITED  KAWASAKI, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the fee(s) is enclosed.  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.		1	L				<u> </u>
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FUJITSU LIMITED  KAWASAKI, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):  4a. The following fee(s) are enclosed:  Solution Fee  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type) and the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment.			
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5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other par interest as shown by the records of the United States Patent and Trademark Office.	4a. The following fee(s) are  Issue Fee  Publication Fee (No  Advance Order - # of  Change in Entity Status  a. Applicant claims S	e enclosed: small entity discount permitte of Copies  s (from status indicated above SMALL ENTITY status. See	4b ed) e) 37 CFR 1.27.	Payment of A check Payment The Director Accordance  b. Applie	Fee(s): in the amount of the fee(s) is by credit card. Form PTO-2 ector is hereby authorized by count Number 19-3935 cant is no longer claiming SM	enclosed.  038 is attached.  1 charge the required fee(s), or enclose an extra	r credit any overpayment, to copy of this form).  CFR 1.27(g)(2).

Typed or printed name Reginald D. Lucas 46,883 Registration No.

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